SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature  X. Chron Definition Name)  C. Date of Delivery  O-10-04
1. Article Addressed to: Buing white 6.0 Reduniate Eulanger, K L/1018	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
<i>a</i> )	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 2260 0002 6723 3333 (Transfer from service label)	
PS Form 3811, August 2001 Doz 2 8 6/-275 SSB 102595-02-M-1540	

